

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30</i>				1. REQUISITION NUMBER PR9263888		PAGE 1 OF 3	
2. CONTRACT NO.		3. AWARD/EFFECTIVE DATE		4. ORDER NUMBER		5. SOLICITATION NUMBER 19J01020Q0032	
						6. SOLICITATION ISSUE DATE 7/15/2020	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME Leen Al-Khayat AmmanRFQQuestions@state.gov				b. TELEPHONE NUMBER(No collect calls) (962) 6 590-7366	
						8. OFFER DUE DATE/ LOCAL TIME 16:00, 07/27/2020	
9. ISSUED BY General Services Office American Embassy P. O. Box 354 Amman - Jordan Tel: (962) 6 590-7366 Fax: (962) 6 590-6363		CODE		10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: _____ % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> (WOSB) ELLIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM NAICS: <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8 (A) SIZE STANDARD:			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED		12. DISCOUNT TERMS		<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		13b. RATING	
						14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	
15. DELIVER TO American Embassy Amman-Jordan		CODE		16. ADMINISTERED BY CODE			
17a. CONTRACTOR/OFFERER		CODE		FACILITY CODE		18a. PAYMENT WILL BE MADE BY Financial Management Office (FMO) Amman Billing Address American Embassy P. O. Box 354 Amman - Jordan	
TELEPHONE NO.							
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	Genuine HP Toners as page no.2 Delivery within 10 days to the US Embassy <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>						
25. ACCOUNTING AND APPROPRIATION DATA						26. TOTAL AWARD AMOUNT (For Govt. Use Only)	
<input checked="" type="checkbox"/> 27a.SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input checked="" type="checkbox"/> ARE NOT ATTACHED							
<input checked="" type="checkbox"/> 27b.CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input checked="" type="checkbox"/> ARE NOT ATTACHED							
<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN ONE COPY TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.				<input type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED _____. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:			
30a. SIGNATURE OF OFFEROR/CONTRACTOR				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30b. NAME AND TITLE OF SIGNER (Type or print)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print) Cynthia Jachim		31c. DATE SIGNED	

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE(JOD)	24. AMOUNT(JOD)
1	HP CF360A, Black toner	6	each		
2	HP CF361A, Cyan Toner	6	each		
3	HP CF362A, Yellow Toner	6	each		
4	TONER, HP CE270A BLACK, LASERJET	4	each		
5	TONER, HP CE271A CYAN, LASERJET	4	each		
6	TONER, HP CE272A YELLOW, LASERJET	4	each		
7	Epson S015335 Black Toner	6	each		
8	Epson Black Dot-Matrix Printer Ribbon	4	each		
9	TONER, HP CF281A, BLACK	10	each		
10	TONER, HP CE255A, BLACK , HP LASERJET	3	each		
11	Toner cartridge CF237 BLACK	6	each		
12	TONER, HP Q6511A, BLACK	3	each		
13	HP TONER CE390A Black	3	each		
14	HP CF300A, BLACK, HP827	5	each		
15	HP CF301A, CYAN, HP827A	4	each		
16	HP CF302A, YELLOW, HP827	4	each		
17	HP CF303A, MAGENTA, HP827	4	each		
18	Gray Design Jet Ink Cartridge, C9374A	2	each		
19	Photo Black Design Jet Ink Cartridge, C9370A	2	each		
20	HP 03A (C3903A) Black LaserJet Toner	2	each		
21	HP Magenta Design Jet Ink Cartridge, C9372A	2	each		
22	HP Magenta Ink Cartridge - C9372A	2	each		
23	HP Cyan Ink Cartridge (C9371A)	2	each		
24	HP CE400A Black toner	2	each		
25	HP CE401A CYAN toner	3	each		
26	HP CE402A Yellow toner	2	each		
27	HP CE403A Magenta toner	3	each		

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED ☐ INSPECTED ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE			32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
			32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
33. SHIP NUMBER <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	37. CHECK NUMBER
38. S/R ACCOUNT NO.	39. S/R VOUCHER NO.	40. PAID BY		
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT		42a. RECEIVED BY (<i>Print</i>)		
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT (<i>Location</i>)	
			42c. DATE REC'D (<i>YY/MM/DD</i>)	
			42d. TOTAL CONTAINERS	

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